

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90052 008 \*\*\*150.00

**DOCUMENT # 695121**

1. Entity Name

MESH-A-GOSH, INC.



Principal Place of Business

C/O BARRY ROTH  
20190 N.E. 15TH COURT  
NORTH MIAMI BEACH FL 33179

Mailing Address

C/O BARRY ROTH  
20190 N.E. 15TH COURT  
NORTH MIAMI BEACH FL 33179

J4000A11



MOORE CR2E034 (11/03)

2. Principal Place of Business

1960 SW 30 AVE

Suite, Apt. #, etc.

3. Mailing Address

1960 SW 30 AVE

Suite, Apt. #, etc.

4. FEI Number

59-2106255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTH, BARRY  
20190 N.E. 15TH COURT  
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name: ROTH, BARRY  
Street Address (P.O. Box Number is Not Acceptable)  
1960 SW 30 AVE  
City: PENSACOLA PARK FL Zip Code: 33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROTH, LILLIAN	
STREET ADDRESS	29190 NE 15TH CT.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, JUDITH	
STREET ADDRESS	20190 NE 15TH CT.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROTH, LILLIAM	
STREET ADDRESS	20190 NE 15TH CT.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1960 SW 30 AVE
CITY-ST-ZIP	PENSACOLA PARK FL 33009
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1960 SW 30 AVE
CITY-ST-ZIP	PENSACOLA PARK, FL 33009
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1960 SW 30 AVE
CITY-ST-ZIP	PENSACOLA PARK, FL 33009
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04